

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		1				
6		1				
7	1					
8		✓				
9		✓				
10		✓				
11	✓					
12	2					
13	2					
14	2					
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50						
TOTAL IND.	3					
TOTAL DEP.	21	←	←	←		
TOTAL CLAIMS	24	392	392	392	392	392

51	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.		←	←	←		
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		392	392	392	392	392